

INDIANA PROFESSIONAL LICENSING AGENCY 302 West Washington Street, Room E034 Indianapolis, Indiana 46204-2700 Telephone number: (317) 232-2980

TO BE COMPLETED BY AN INDIVIDUAL HAVING KNOWLEDGE OF APPLICANT'S EMPLOYMENT.

Name of applicant		License number		
Name of salon / shop	Name of owner or manage	ger of salon / shop		
Address of salon / shop (number and street, city, state, ZIP code)				
Experience dates (month, day, year)				
From:	To:			
Please verify and describe the work experience of the applicant				
NOTARY CERTIFICATE (SWORN OATH)				
	(011011111)			
STATE OF	.}			
COUNTY OF	∫ SS:			
I swear and affirm that the above statements are true and correct to the best of my knowledge.				
Signature of owner or manager of salon / shop	Signature of Notary Publ	ic		
Printed or typed name of owner or manager of salon / shop	Printed or typed name of Notary Public			
Date subscribed and sworn to Notary Public	County of residence	nty of residence Date commission expires		